We strived for publication of an erratum by correcting the data collection errors; however, historical, detailed primary data of the different data sets appeared to be incomplete or not all accessible, not allowing accurate reanalysis. Based on these arguments, we propose to withdraw the publication.

Obviously this has been a difficult decision, and the question that has to be raised is how such errors can be prevented in the future? It is logical but imperative that a retrospective study with analysis of data derived from different data sets and different centers requires strict definitions of inclusion and exclusion criteria, as well as end points.

The main lesson, however, is that the principal investigator should have and keep control on the entire "life cycle" of a retrospective clinical study, especially if the study has a long history. This life cycle not only includes the design of the study protocol, assessment, and writing the manuscript, but also collecting the data. Specific data sets that have been used for other publications cannot automatically be pooled for another article before reassessment of the individual data confirms alignment with the study protocol and definitions. This certainly accounts for data derived from different centers.

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Reply

The editors would like to thank Dr Jacobs and his colleagues for their willingness to acknowledge a significant problem with their previously published manuscript "Prevention of renal failure in patients undergoing thoracoabdominal aortic aneurysm repair" (JVS 2004;40:1067-73). As noted, during reanalysis of the data used in this previous manuscript, they discovered problems with the data and its interpretation that raised questions about whether the conclusions of that manuscript were correct. Fortunately for all of us, Dr Jacobs and his colleagues were committed to the scientific validity of their reports and therefore notified the editors of these uncorrectable problems, thereby prompting the withdrawal of this manuscript.

Although the review process of the *Journal of Vascular Surgery* is quite thorough because of the quality and commitment of our reviewers, we do not review the source data for manuscripts and therefore cannot independently confirm the accuracy of data that are contained in each published manuscript. Thus, we, as editors, reviewers, and the scientific community as a whole, rely on our authors—particularly senior authors such as Dr Jacobs—to confirm the accuracy and integrity of data contained in manuscripts submitted to the *Journal*.

In clinical studies such as Dr Jacobs', this can be a difficult task requiring review of numerous clinical data sources, and as shown by the problem Dr Jacobs related, this can be made even more difficult by the increasing use of clinical data repositories that are subsequently analyzed in a retrospective manner. Usually when such a database exists, source data are not re-examined despite the known problems with such databases that include selective data entry, changes in the definitions of data points with time, and simple errors in data recording that can increase as such databases grow in size.

Furthermore, as pointed out by Dr Jacobs, when two such databases are combined, the risk of such problems is multiplied. Confirming the accuracy of the data contained in these clinical databases before analysis is critical, however, if the conclusions of such studies, which may lead to changes in clinical care, are to be valid. As noted, this responsibility for data accuracy lies with the authors, particularly the senior author of a manuscript. The *Journal of Vascular Surgery* now requires one author to take overall responsibility for each scientific study and publishes this information with the article.

Dr Jacobs' letter is a cautionary tale for us all, particularly those of us who do clinical research. We need to be aware of these potential problems and our responsibility for ensuring the accuracy of data in the studies that we submit to the *Journal of Vascular Surgery*. Ultimately, the conclusions published by our *Journal* and used in the management of our patients depend on the care and accuracy of the authors and their commitment to scientific integrity.

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RETRACTION STATEMENT

For "Prevention of renal failure in patients undergoing thoracoabdominal aortic aneurysm repair" J Vasc Surg 2004;40:1067-73.

This article has been retracted at the request of the chief editors and authors.

Reason: This article concluded that selective renal artery perfusion at adequate volume and pressure protects renal function during thoracoabdominal aneurysm repair. The editors have retracted this article at the request of the authors because of errors identified during a subsequent analysis of the data. These errors included selective patient inclusion and varying definitions that led to a systematic bias in favor of the conclusion. As a result of these errors, the validity of the published conclusions cannot be sustained. Unfortunately, not all of the primary data were still available to potentially correct these errors. Readers should disregard any conclusions reached in this article about the value of selective renal artery perfusion.